

I. Thank you for your gracious welcome!

- A. Theme of today's NAMI conference: Changing Minds Across
Tennessee: From Memphis to Mountain City
- B. Great relevant theme to set our sights on two major issues in mental
health today
 - 1. Improving the health status of people with brain diseases (mind)
 - 2. And changing / shaping the "minds" of people who stigmatize
those who have mental disorders

II. What is mental health and mental illness?

- A. Throughout our lives, mental health is fundamental to successful
thinking, communicating, learning and growing.
- B. Mental health results in a productive life and fulfilling relationships.
- C. Unfortunately mental health is not a given and mental disorders are
highly prevalent and widely dispersed across the entire population
with regard to age, gender, race, or means.

III. Prevalence

- A. Mental illnesses are real health conditions simultaneously psychological and biological.
 - B. 1 in 5 annual
 - C. 1 in 4 lifetime
 - D. Thus, 54 million Americans have a mental disorder in any given year.
- Unfortunately, fewer than eight million will seek treatment.

IV. Recovery

- A. Mental illnesses can range from mild to severe, acute to chronic; for some, a periodic nuance and to others, long-term and debilitating.
- B. Just like other serious health conditions, mental illnesses can be accurately diagnosed and effectively treated, but they cannot / must not be ignored!
- C. Approximately 80 percent of persons diagnosed with depression are treated successfully, panic disorder 70-90%, schizophrenia 60%.
Compare that to the successful treatment of heart disease at 45-50%.
- D. With effective treatment, people with mental illnesses can live, learn, and work in our communities where they make a significant contribution.
- E. The New Freedom Commission and the TDMHDD have a common goal: that people of all ages, with or at risk for mental or substance use disorders, should have the opportunity for a fulfilling life that includes an education, a job, a home, and meaningful relationships with family and friends. We aim to promote a life in the community for everyone by building resilience and facilitating recovery.
- F. After 20 months as Commissioner, I have come to believe that one of the greatest barriers to achieving that goal in Tennessee is stigma.

V. What is stigma?

- A. Stigma is negative, pervasive, stereotyping.
- B. Stigma is an uniformed prejudice, just like racial and gender prejudice
- C. Pre-determined attitudes or beliefs, toward an individual or a group,
which disempowers or devalues them and undermines relationships
with them.
- D. Stigma is a reality for people with mental illness and the single
greatest barrier to people getting treatment.
- E. With inaccuracies and falsehoods, people hold a variety of untrue but
highly predictable beliefs about mental illness. The majority of the
public is completely unaware how many people with a mental illness
(treated or untreated) they know well and encounter each day at work
or school.

VI. Why does stigma surround mental illness?

A. Origins

1. According to Mental Health: A Report of the Surgeon General, the 17th century philosopher Rene Descartes advocated the view that mind and body were two completely separate entities.
2. He thought that issues of the mind were for religious practitioners and issues of the body were for physicians. This led to a division of mental and physical health in popular opinion.
3. The mind was not seen as a health, but as a religious matter. Thus, a mental illness was an evil spirit, a fall from grace, a character flaw
4. Today, we know that the concepts of mental and physical health should not be separated. Many mental disorders are caused by biological and neuro-chemical changes in the brain. Additionally, many physical illnesses are accompanied by mental illnesses, such as the depression that follows a heart attack, the panic / anxiety states that frequently follow auto crashes.
5. Despite this new understanding, stigma persists concerning mental illness.

B. Additionally, the all pervasive media has distorted most of our views and interpretations. Mental illness has not received the sensitive media coverage of other illnesses. Negative and/or violent stereotypes abound.

C. Movies

1. Movies and their titles underscore the stereotype of dangerous, uncontrolled and uncontrollable behavior.
 - a. Psycho (Anthony Perkins and Janet Leigh – violent shower scene, note title of the movie)
 - b. A Clockwork Orange (another violent film – Stanley Kubrick’s marauding band of teenagers)
 - c. One Flew over the Cuckoo’s Nest (Jack Nicholson, note title of the movie)
 - d. Improvements: A Beautiful Mind and As Good as It Gets

D. News coverage

1. Persons with mental illness often portrayed as dysfunctional, violent and dangerous.
2. Newspaper study in 1999 revealed dangerousness is the most common theme of stories about mental illness. Stories of recovery or accomplishment were rare.

3. Casual and disrespectful use of language
 - a. Crazy, lunatic, wacko, loony tune, psycho.
 - b. Slow, low-functioning
 - i. In fact, most people do not distinguish between a mental illness and a mental disability such as low IQ
4. Insanity defense
 - a. Public frequently hears insanity defense in trials
 - b. Associated with crime and violence
 - c. Increases mindset that persons with mental illness are violent and use their illness avoid their personal responsibility to society

VII. What are the effects of stigma?

A. Discrimination in opportunities for education, employment, housing and health insurance.

B. Employment

1. National unemployment rates for people with serious mental illnesses hovers at 90 percent – worst level of employment for any group with disabilities.
2. A poll of 300 CEO's in Fortune 500 companies found that 16 percent thought that hiring people with mental disabilities had a negative impact at work.
3. Another report found that 43 percent of federal employers and 22 percent of private employers cited negative attitudes of supervisors and coworkers toward people with mental illness as a continuing barrier to employment and advancement.

C. Housing

1. The lack of safe, decent, quality, permanent and affordable housing options for persons with mental illness and co-occurring disorders is a major problem in Tennessee.
2. There is not a single housing market in the United States where a person with SSI benefits can afford to rent a modest efficiency apartment.
3. Despite TDMHDD's Office of Recovery and cutting-edge leadership in the Creating Homes Initiative, TennCare Partners data suggests there are approximately 149,000 Tennesseans with severe and persistent mental illness in need of some sort of housing assistance.

D. Health Insurance

1. Private health insurance for mental illness more restrictive than in coverage for somatic illness.
2. Insurers fear coverage of mental health services will result in high costs associated with long-term psychotherapy and extended hospital stays.
3. Insurers who offer coverage limit payment to acute care services. They impose various financial restrictions, such as separate and lower annual lifetime limits on care, as well as well as separate and higher deductibles and co-payments.

E. Other Effects

1. Loss of self-esteem and difficulty making friends.
2. Unfortunately the most damaging effect is the unwillingness of people to seek help – the majority does not. Spouses may be reluctant to define their partner as having a mental illness, while families may delay seeking help for their child.
3. The severity of the condition can increase when left untreated, which can make recovery a more difficult and lengthy process.

VIII. How do we erase stigma?

A. Stigmatizing attitudes must be confronted.

1. According to the President's New Freedom Commissions on Mental Health, stigma is "particularly pronounced among older adults, ethnic and racial minorities, and residents of rural areas."

B. Education

1. Myths vs. Facts

Myth – Mental illness is caused by a personal weakness.

Fact – A mental illness is not a character flaw. It has nothing to do with being weak or lacking willpower. People are not lazy because they cannot just "snap out of it."

Myth – People with mental illness are less intelligent.

Fact – Most people with mental illness have average or above-average intelligence. Mental illness, like physical illness, can affect anyone regardless of intelligence, social class, or income level.

Myth – People with mental illness are violent and dangerous.

According to one study, 61% of Americans think that people with schizophrenia are likely to be dangerous to others.

Fact – People with schizophrenia are seldom violent and when they are violent, it is usually associated with substance abuse (Source: New Freedom). As a group, people with mental illness are no more violent than any other group; in fact, they are more likely to be victims themselves.

2. Research shows that the most effective information in reducing negative perceptions relies on empirical data showing the association of violence and severe mental illness, like the example I just mentioned.
3. Dispelling myths are an important step in educating the public on mental health, but it is only part of the solution.
4. According to the President's New Freedom Commissions on Mental Health, "research shows that the most effective way to reduce stigma is through personal contact with someone with a mental illness."
5. Therefore, we must use other methods, such as:

C. Awareness

1. Slowly, too slowly, there are national leaders / figures coming forward to tell their story of mental illness, mental illness recovery, and mental health.
2. Raising awareness will help Americans realize how much personal contact they have with people with mental illness.
3. Many successful persons have lived with a mental illness:
Beethoven, Michaelangelo, Ernest Hemmingway, Mark Twain, John Lennon, Mike Wallace, Tipper Gore, Rosie O'Donnell, Janet Jackson, Jane Pauley.
4. Notice public reaction to celebrities when the talk about mental illness, like Jane Pauley, Delta Burke, and Naomi Judd:
 - a. Welcoming, receptive, not negative
 - b. Interested in condition, symptoms, and treatment
 - c. Continued acceptance of their valued status
5. Some have insight and disclose their story:
 - a. Abraham Lincoln
 - i. Suffered with bouts of depression throughout his life

ii. However, he realized that eventually his depression went away, so he encouraged others not to give up hope when they had the same problem.

iii. In a letter to a friend who had just lost her father, he writes:

“You can not now realize that you will ever feel better. Is not this so? And yet it is a mistake. You are sure to be happy again. To know this, which is certainly true, will make you some less miserable now. I have had experience enough to know what I say; and you need only to believe it, to feel better at once.”

iv. Abraham Lincoln also realized that depression was not weakness or flaw of a person. He wrote to a friend that “a tendency to melancholy... let it be observed, is a misfortune, not a fault.”

b. Jane Pauley

i. Recently disclosed her battle with bipolar disorder

ii. She described her life before diagnosis: “My tides were fluctuating — back and forth, back and forth — sometimes so fast they seemed to be spinning.”

c. However, after she sought treatment, her life returned to its previous condition—balanced, functional, active.

6. Put stigma on the public agenda through mass media. Radio and television PSAs or commercials, proclamations, press releases, written articles, media alerts for events, newspaper editorial board visits media blitzes.

D. Schools, media, employers

1. Schools – Young people are targeted because they have the least entrenched attitudes, therefore more able to be influenced.

2. Media – Media because of their influence on myths and stereotypes.

3. Employers – Employers can do something positive: Hire, retain, average employee funding, accepting climate, energetic use of EAP and assure credible mental health benefit in health insurance plan.

E. Empowerment

1. Strategies and activities to empower and better equip consumers to advocate and educate and to empower those who believe they may be at risk to seek help as soon as possible.
2. Focus on mental health in community, empowering consumers by educating them on their rights, early warning signs, how to take care of their mental health and improving their knowledge of and access to mental health services, education and jobs.
3. Powerful communication medium is consumers talking about their own experiences within their own communities.

IX. What is TDMHDD doing?

A. Stigma Campaign

1. Embarking on multi-year stigma campaign.
2. Will educate Tennesseans about mental health / mental illness and the benefits of pursuing mental wellness and easy and effective care for mental disorders
3. The first year will focus on businesses and the workforce, the second year will be faith-based, the third, universities, colleges and technical schools and the fourth, the general public.
4. Year One – Businesses and the workforce
 - a. Mental health affects all workplaces in a variety of ways.

When mental health is considered, employers see benefits in morale and productivity. When mental health is ignored, employers see problems with on-the-job concentration, absenteeism and rising healthcare costs.
 - b. A World Health Organization study shows that disability / days lost from and caused by mental disorders is equal to that produced by the most recognized chronic illnesses.
 - c. Workplace stress causes about one million U.S. employees to miss work each day.

- d. In a typical workplace of 20 employees, four will likely develop a mental illness each year.
- e. Employees used about 8.8 million sick days in 2001 due to untreated or mistreated depression.
- f. Employee absenteeism due to depression cost businesses between \$33 billion and \$44 billion per year.
- g. Anxiety-related disorders cost the U.S. \$42 billion a year in work-related losses.

5. Goal

- a. Business leaders will be educated about mental illness, and then invest in the mental health of their workforce.

b. Myths and Facts

Myth – Mentally ill and employees in mental health recovery tend to be second-rate workers.

Fact – Individuals with mental illness may in fact be superior to those who do not suffer from mental illness. Employers report attendance and punctuality exceed the norm and that their motivation, work quality, and job tenure is as good as – or better than – that of other employees. Research has shown there is no difference between the productivity with or without treated mental illness.

Myth – People with mental disorders cannot tolerate stress on the job.

Fact – The response to job-related stress and precisely which factors will be perceived as stressful vary among individuals with mental disorders just as they do among people without such disabilities. For all workers – with or without mental disorders – productivity is optimized when there is a close match between the employees' needs and his or her working conditions.

Myth– Mental illness addressed costs money; mental health

ignored makes money

Fact– Prevalent illnesses addressed early and will save an employer's bottom line in productivity, health and disability benefits.

X. Imagine: What would a world without stigma look like?

- A. People with mental illness and their families would be more accepted in their communities, as a result of greater understanding and reduced fear.
- B. People with mental illness would not be fearful or ashamed to seek needed clinical services.
- C. People with mental illness would be treated with dignity and respect.
- D. People with mental illness would have equal opportunities for jobs, for housing and for insurance.
- E. People with mental illness would have social networks and feel safe in their communities.

XI. Conclusion

A. Working together, your organization, our department, consumers, advocates, and providers must focus our energy forward in reducing stigma by telling the Really Good News of the 2001st Century:

1. Recovery from mental illness is more than possible; it is highly probable when we all work together.
2. Share a common language of recovery, offer help, and incite hope
3. That's how we can truly change minds!